

MONTANA BREAST AND CERVICAL CANCER TREATMENT PROGRAM (MBCCTP)

PROCESS FOR APPLICATION AND ELIGIBILITY REQUIREMENTS

- I. The State Public Assistance Bureau and the Montana Breast and Cervical Health Program will facilitate applications and establish eligibility of potential clients.
- II. The State Public Assistance Bureau will accept and approve all applications.
Required documents include:
 - A. MBCCTP Medicaid Enrollment form, #HCS-BCC-002 (completed and signed by the client).
 - B. MBCCTP Medicaid Referral Form, #HCS-BCC-003 (completed and signed by the provider).
 - C. Montana Breast and Cervical Health Program Enrollment form.
 - D. Proof of:
 1. Age
 2. U.S. Citizenship, U.S. National or Alien Status, and
 3. Montana residence. (See list on application form)
 - E. Insurance card or policy name and number if applicable.
- III. The State Public Assistance Bureau will notify clients of their eligibility status.
 - A. Medicaid cards will be issued to MBCCTP eligible clients monthly.
 - B. Women who are eligible for other Medicaid programs will be referred for application, and must follow through to be eligible for MBCCTP coverage.
- IV. MBCCTP eligible clients will be required to participate in PASSPORT to Health.
 - A. MBCCTP clients will receive a welcome packet and a letter that instructs them to choose a PASSPORT Primary Care Provider (PCP).
 - B. If the woman does not complete the PASSPORT forms and chose a PCP, one will be assigned and the woman will be notified.
 - C. The PCP must provide “most” services for the client or give a referral to another provider or Medicaid *will not* pay the claim. (Referral # must be on the claim.)
- V. All applicants will be reviewed for continued eligibility 3 months after the initial date of eligibility, and annually thereafter.
 - A. Continued eligibility will be determined based on the recommendation of the client’s PASSPORT Provider.
- VI. Eligibility will be discontinued when/if the:
 - A. Woman’s PASSPORT Provider indicates treatment is complete;
 - B. Woman becomes eligible for other Medicaid coverage;
 - C. Woman turns 65 years old; or
 - D. Woman fails to cooperate or complete an eligibility redetermination.
- VII. All women will be notified when their MBCCTP eligibility is discontinued and for what reason eligibility is ending.